

FORM INSTRUCTIONS FOR THE INDIVIDUAL COMMUNITY LIVING BUDGET (ICLB)

The approval and verification of this ICLB will automatically cancel any previous ICLB in effect for this individual for this time period.

IMPORTANT ICLB NOTES

The ICLB must be completed sequentially, so that the self-computing process works properly. Therefore, page 1 should be completed first, then page 2, and so on.

The calculation errors on the summary page have been corrected on this form as of February 10, 2004.

Since some ICLB fields automatically complete themselves, they cannot be filled in. This data is gathered from other fields, computed, and automatically placed in these fields. This saves time and increases the mathematical accuracy of each ICLB.

Any ICLB whose start date is BEFORE the first day of the month in which it was received by BDDS is **late**. An ICLB will not be approved if it begins prior to the month in which it was submitted.

RHS Daily Rate and CE/TA have been removed from the ICLB list of available services as of this ICLB.

The ICLB now doubles as a request for Emergency Support Services. An ESS ICLB will only have a specific set of services available for selection. Please see the ICLB Instructions for Completion for a list of those services.

The provider is responsible for assisting the individual in managing his/her resources and is expected to assist the individual/guardian in applying for all benefits for which the individual may be eligible as soon as possible.

When the individual's income or benefits increase or decrease for a period lasting more than two (2) months, the administering agency responsible for managing the individual's resources is expected to submit a new ICLB to reflect the situation.

The ICLB is a **budget only**. The monthly voucher that the provider presents to DDARS/BDDS and FSSA/Financial Management must be supported by the **actual receipts** of expenditures for the month; the voucher is to be for **reimbursement of actual expenses**. Do not submit an ICLB, BMR, or RLAS as or with **billing vouchers**.

AUTOMATION NOTES FOR THE ICLB

The ICLB is divided into four sections: the ICLB itself, the Community Transitions Worksheet, the BMR and the RLAS. Except for the Community Transitions Worksheet, each section has an introductory page that displays important notes that are relevant for that section. Each sectional instructions page also displays the following buttons:

Clear Form: This button will clear all of the data fields in the section

Save to Disk: If you are using **Adobe Reader**, this button will only save a copy of the blank ICLB form. If you are using **Adobe Approval** or the full Adobe Acrobat, this button will allow you to save the data from the ICLB as well.

Check Errors: This button will allow you to check for missing or invalid data in the section. The form will first check for any missing mandatory data. After all of the mandatory data has been entered, the form will next check for any data that does not follow certain ICLB guidelines. Not all of the rules of the ICLB guidelines can be monitored on the form - BDDS and BFS staff will still manually review each ICLB, BMR, and RLAS.

E-mail: If you are using **Adobe Reader**, this button will only check for missing or invalid data in the section. If you are using **Adobe Approval** or the full Adobe Acrobat, this button will also attempt to email the section to BDDS using your computer's default email program. If you have no default email program set on your computer, this will result in an error message. You must then save the ICLB and attach it manually to an email. All electronic ICLBs, BMRs, and RLAS' must be emailed to BDDSIICLB@FSSA.STATE.IN.US or the budget will not be imported into the BDDS system and reviewed for approval.

PLEASE BE SURE TO FULLY READ THE **INSTRUCTIONS FOR COMPLETION OF THE ICLB**

If you do not have the Instructions for Completion, please contact your local BDDS District Office for a copy.

INDIVIDUAL COMMUNITY LIVING BUDGET - WORKSHEET Page 1

Last Name of Individual

First Name of Individual

Middle Name of Individual

Type of ICLB:

Date ICLB Starts:

Length of ICLB:

Current 317 code:

Any ICLB submitted after the expiration date of the previous ICLB or after new services have already begun is considered late.

I. INDIVIDUAL'S ASSETS

Bank Acct(s) **Account Balance(s)**

1. Checking
2. Savings
3. Other (Explain)

4. SUBTOTAL

Other Assets **Cash Value**

5. Real Property
6. Securities
7. Trust Fund/Annuity/Burial Trusts
8. Personal Property
9. Other(Explain)

10. SUBTOTAL

11. TOTAL ASSETS (Item 4 + Item 10)

If this is an Emergency Supports, Crisis Assistance, or Treatment Placement ICLB, describe why these supports are required.

If total assets are above \$1500, explain why. Be specific.

Describe and explain any other accounts or assets described in Section I.

Why does the individual have a zero amount listed as income and/or why does the individual have an amount lower than the allowable benefits.

II. INDIVIDUAL'S MONTHLY INCOME AND BENEFITS

1. Net earned income
2. Earned Income Incentive
3. Income Balance
4. SSI
5. SSDI
6. Pension/Annuity
7. Food Stamps / EBT
8. Hud / Section 8 Supplement
9. Other(Explain)

10. TOTAL MONTHLY INCOME/BENEFITS

Explain any required adjustment in benefits.

Describe and explain any other income or benefits described in Section II.

III. MONTHLY LIVING EXPENSES

1. Housing (Actual Cost)
2. Utilities
3. Telephone
4. Groceries
5. Personal Necessities
6. Property Insurance
7. Medical - Not Insured
8. Other Expenses(Explain)

Describe any uninsured medical expenses or other expenses

Monthly Living Expenses are intended to address the basic needs of the individual to enable him/her to live and participate in the community. The cost of the Monthly Living Expenses for the home must be shared by **all** persons living within the home, whether a service recipient or not. The ICLB must reflect **only the amount of the total costs that is the responsibility of the individual and not the total for the home.**

10. RLA Administration

(maximum of 5% of subtotaled Living Expenses)

11. Medicaid Spend Down

12. TOTAL Monthly Living Expenses

9. Subtotal of Expenses

**Subtotal may not exceed 150% of poverty level for a single individual.*

Justify exceeding the recommended guideline expense amounts

13. Total Monthly RLA Amount

(Expenses minus Income/Benefits)

14. Average Daily RLA amount (based on calendar year)

15. TOTAL RLA for duration of this ICLB:

INDIVIDUAL COMMUNITY LIVING BUDGET - WORKSHEET Page 2

Attach "Service Planner" for individual and all roommates.

Enter the number of units expected to be needed by the consumer in an average month (31 days). Use only whole units: no fractions or decimals. If not all of the budgeted service is provided, the provider must bill for only the actual services provided and future ICLBs should be adjusted accordingly.

IV BDDS Services

	<u>Rate</u>	<u>Per Unit</u>	<u>Units</u>	<u>Total</u>
Adult Day Services, Level I				
Adult Day Services, Level I				
Adult Day Services, Level II				
Adult Day Services, Level II				
Adult Day Services, Level III				
Adult Day Services, Level III				
Adult Foster Care - (AFC), Level I				
Adult Foster Care - (AFC), Level II				
Adult Foster Care - (AFC), Level III				
Adult Foster Care - (AFC), Level IV (Individual rate, set by DDARs)				

Behavioral Support Services ****Also available as an ESS ICLB service**
You must explain how BSS will be utilized for this individual. Be specific.

Children's Foster Care - (CFC), Level I
 Children's Foster Care - (CFC), Level II
 Children's Foster Care - (CFC), Level III
 Children's Foster Care - (CFC), Level IV (Individual rate, set by DDARs)
 Community Habilitation and Participation: Community Based, Group
You must explain how CHP:G will be utilized for this individual. Be specific.

Community Habilitation and Participation: Community Based, Individual
Max of 25 hours or 100 ¼-Hours or \$690.00 per month. You must explain how CHP:I will be utilized for this individual. Be specific.

Crisis Assistance Services (rate set by DDARs)

Health Care Coordination ****Also available as an ESS ICLB service**

Independence Assistance Services (IAS), *(Maximum 120 units a month)*

Music Therapy Service

Nutritional Counseling Service

Occupational Therapy

Personal Emergency Response System Supports, Monthly

Physical Therapy Services

Recreational Therapy

Rent/Food for Unrelated Caregiver *(Actual Cost, maximum of \$545 a month)*

Monthly Subtotal of services budgeted on this page:

A Comparison Service Planner must be attached if Foster Care services are requested on this ICLB.

Continue to the next page for more Services

Remember to Always Attach "Service Planner" for Individual.

ICLBs should be adjusted accordingly.

IV BDDS Services

<u>Service Name</u>	<u>Rate</u>	<u>Per Unit</u>	<u>Units</u>	<u>Total</u>
Residential Habilitation and Support, if <i>fewer</i> than 35 hours/week <i>**Also available as an ESS ICLB service</i>	\$4.88			
Residential Habilitation and Support, if <i>more</i> than 35 hours/week <i>**Also available as an ESS ICLB service</i>	\$4.40			

Name of Housemate (Last, First)	Housemate hrs/day		Housemate RHS Funding Source	Housemate Waiver Slot or DART Cust ID Number	ICLB hrs/day RHS+IAS Total:	
	RHS	IAS				
					Household hrs/day RHS+IAS Total:	

You must explain how RHS will be utilized for this individual. Justify excessive RHS. Be specific.

Residential Habilitation and Support, QMRP <i>-Less than 35 hours per week of RHS but also up to 10 hours per month of services provided directly by a QMRP. **Also available as an ESS ICLB service</i>	\$6.13
Respite Care, Group Setting <i>**Also available as an ESS ICLB service</i>	\$1.50
Respite Care, Personal Assistance <i>**Also available as an ESS ICLB service</i>	\$4.00
Respite Care, LPN <i>**Also available as an ESS ICLB service</i>	\$5.91
Respite Care, RN <i>**Also available as an ESS ICLB service</i>	\$7.79
Specialized Medical Equipment and Supplies, Monthly	
Specialized Medical Equipment and Supplies, Assessment, Training	\$17.99
Speech and Language Therapy	\$18.12
Therapy, Family	\$17.27
Therapy, Group	\$4.81
Therapy, Individual	\$15.45

Transportation moneys may be used for local bus passes

Transportation, Round Trip (\$8.91 per Roundtrip, Maximum of \$276.21.)

Transportation, Round Trip (\$2.00 per Roundtrip, Maximum of \$62.00.)

If the Individual receives 24-hour supervision:

Transportation, Residential, Level I (No Vehicular Modification; max of \$ 150/month)

Transportation, Residential, Level II (Vehicular Modification; max of \$ 300/month)

Monthly Subtotal of services budgeted on this page:

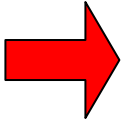
Continue to the next page for more Services and total Services costs

Please note: It is not acceptable to have several individuals in a group with 1:1 staff; the ratio for group activities is a minimum of 1 staff for a maximum of 8 consumers.

INDIVIDUAL COMMUNITY LIVING BUDGET - WORKSHEET Page 4

If not all of the budgeted service is provided, the provider must bill for only the actual services provided and future ICLBs should be adjusted accordingly.

IV BDDS Services Continued:



These services are **not monthly** services; some have specific dollar limitations and some are time-related. Please read the description for each service carefully and in the Totals field, list the total dollar amount you are requesting. This amount will cover the entire length of the ICLB. For billing purposes, the total cost of these services is averaged and added into the Monthly Service cost of the ICLB.

<u>Service Name</u>	<u>Description</u>	<u>Totals</u>
Environmental Modification Supports, Initial	<i>Actual cost, with a maximum amount of \$15,000 per <u>lifetime</u>. You must describe and justify the installation of Environmental Modifications for this individual. Include cost-share information.</i>	
Environmental Modification Supports, Maintenance	<i>Actual cost, with a maximum amount of \$300 per year. You must describe the Environmental Modifications being maintained for this individual. Include cost-share information.</i>	
Family and Caregiver Training	<i>Actual cost, with a maximum amount of \$2,000 per year. You must describe and justify the training for this individual's family and/or caregiver(s). Please be specific.</i>	
Personal Emergency Response System	<i>One Time-actual cost at installation, maximum amount of \$52.07. You must describe and justify the installation of the Personal Emergency Response System for this individual.</i>	
Specialized Medical Equipment and Supplies	<i>One Time-actual cost at installation. You must describe and justify the installation of the Specialized Medical Equipment / Supplies for this individual. Be specific.</i>	

Subtotal of services on this page:

Monthly average for services on this page:

Total Monthly Costs of all Services (pages 1, 2, 3):

Total Cost of Services for Duration of this ICLB:

Average Daily Cost of Services for this ICLB:

(Based on calendar year)

INDIVIDUAL COMMUNITY LIVING BUDGET - SERVICE PLANNER

NAME: LAST

FIRST

SSN:

DATE ICLB Starts:

Length of ICLB:

Months

	MON	TUE	WED	THU	FRI	SAT	SUN	
6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
NOON								NOON
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00
6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
MIDNIGHT								MIDNIGHT
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00

Housemate Information

See the Service Definitions for the DDARS definition of a "housemate"

Housemate Name:

Housemate SSN:

Housemate Name:

Housemate SSN:

Housemate Name:

Housemate SSN:

If this individual does not have a housemate, please explain why:

Comparison Service Planner

if you are requesting Foster Care on this ICLB you must also complete and submit this Planner.

To demonstrate the cost effectiveness of Foster Care services, this Comparison Service Planner must be submitted in addition to the Service Planner. The Comparison Service Planner must document what services an individual would utilize if Foster Care services were not available.

NAME _____, Date ICLB Starts: _____ and lasts _____ months

MON	TUE	WED	THU	FRI	SAT	SUN
-----	-----	-----	-----	-----	-----	-----

6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
NOON								NOON
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00
6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
MIDNIGHT								MIDNIGHT
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00

This Comparison Service Planner must be included with any ICLB that requests Foster Care services.

Date Prepared:

BDDS District:

Is this a change of address for the consumer?

Prepared By:

Relationship:

Email:

Service Coordinator:

Case Manager:

CM Email:

CM Agency:

Voc Hab Provider:

Voc Hab Funded Thru

INDIVIDUAL COVERED BY COMMUNITY LIVING BUDGET

Last Name:

First Name:

DOB:

RID#:

SSN:

Address:

City, Zip:

Number of persons *residing* in home:

DDARS/BDDS FUNDING REQUESTED FOR INDIVIDUAL

- Total RLA Requested for this ICLB Period**
Daily Average (RLA):
- Total Services Requested for this ICLB Period**
Daily Average (Services):
Monthly Cost (Services):
- Total Amount Requested on this ICLB**
Daily Average (total ICLB):

OTHER FUNDS BEING USED FOR INDIVIDUAL'S SUPPORT

Medicaid Waiver Type: Slot #:
Monthly Waiver Amount:
Other Monthly Funds:
Explain all other monthly funds:
Total Other Funds:
Daily Average (Other Funds)

COMPARISON OF COSTS (Current versus Proposed ICLB)

1. Current ICLB Expires

If applicable, explain why this ICLB is being submitted after services have begun or after the expiration of the previous ICLB:

5. Proposed ICLB Starts and is to last Months

2. Current Provider

3. Current ICLB Total Daily Avg

4. Community Transition Services (If applicable)
(Complete Community Transition Services page to get this total)

6. Proposed Provider

7. Proposed ICLB Total Daily Average

8. Proposed Earned Income Incentive

ACKNOWLEDGEMENT AND SIGNATURES

Individual/Guardian Signature

Date

Provider Representative Signature

Date

By signing this ICLB the service coordinator is approving the placement of the individual for residential services.

BDDS Service Coordinator

☐ Accepted

Denied ☐

Date

BDDS District Manager

☐ Accepted

Denied ☐

Date

Directors' Approval

Directors' Approval is required for initial ICLBs, and ICLBs higher than \$250 a day

BDDS Director (or Designee)

☐ Approved

Denied ☐

Date

BFS Director (or Designee)

☐ Approved

Denied ☐

Date

INDIVIDUAL COMMUNITY LIVING BUDGET - ADDENDUM: Discretionary Funds

Last First ICLB Starts And Lasts Months

These Personal Discretionary Funds have been discussed with the Support Team and the following actions will be taken (or purchases made) in order to improve the individual's quality of life.

List the activity or activities in which the individual will participate or list the planned purchases that the individual will be able to make as a result of the individual's Earned Income Incentive, lump sum payment, or balance of income that exceeds the residential living expenses.

Include ALL Earned Income Incentive funds, lump sum payments, and any surplus income.

Monthly Activity or Purchase	\$Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

TOTAL:

This total should equal or exceed the amount shown as Earned Income Incentive on Worksheet page 1 of this ICLB. See the ICLB Instructions for Completion for more information about this addendum and what should be listed here.

INDIVIDUAL COMMUNITY LIVING BUDGET - Community Transition Services Worksheet

WORKSHEET FOR INDIVIDUAL COMMUNITY LIVING BUDGET Community Transition Services (formerly "Start-Up")

This type of support is available **only for the individual moving into community based services** and not for subsequent moves within the community. Costs must be itemized. Receipts must be maintained for review. The items purchased become the property of the individual. Costs may include housing deposits, utility deposit/hook-up, furniture, linens, and clothing. Community Transition Services has a **maximum limit of \$1000** and **is not** to be used for the purchase of appliances.

Last Name:

First Name:

DATE ICLB Starts:

Length of ICLB:

Months

1. Housing Deposit
2. Utility Deposit(s)/Hook-up(s)
3. Furnishings
4. Clothing
5. Other (explain)

Maximum of \$1,000

6. Total One-Time Community Transition Costs

(Enter on Summary page of Initial ICLB)

Justification and Notes for Community Transition Services

For subsequent moves in the community, it is expected that the individual's share of deposits (for utilities, security deposit, etc.) will transfer to the new residence. The individual may need to budget for some expenses related to moving. Community Transition funds are for the **initial** move into the community only and shall not be approved for any subsequent move.

If the individual is receiving Community Transition funds as a waiver service, then no Community Transition funds may be approved through the ICLB

This page MUST be attached to an ICLB to be approved.

Division of Disability, Aging and Rehabilitative Services
Bureau of Developmental Disabilities Services

Budget Modification Request (BMR) for *Adjustment Of Services*

Detail instructions can be found in the INSTRUCTIONS FOR COMPLETION OF THE ICLB

IMPORTANT BMR NOTES:

The Budget Modification Request (BMR) form is to be used by the provider agency to immediately notify the District Office of an individual needing any additional short term services. Except in the case of emergencies, the BMR must be submitted prior to the actual provision of services or as soon as there is identification that additional supports are necessary.

The BMR is to cover no more than a two (2) month period. If the need for the additional supports will exceed the two (2) month period, the actual ICLB should be revised.

A BMR may not be used to extend an ICLB.

There must be an ICLB with approved services in effect for a BMR to be approved.

A BMR cannot be used to start a service

A BMR may not be used to change an ICLB from RHS - less than 35 hours to RHS - more than 35 hours.

No BMR will be approved without a BDDS Service Coordinator signature.

The number of combined units for Independence Assistance Services may not exceed 120 units (30 hours) a month.

AUTOMATION NOTES FOR THE BMR SECTION

The buttons on this page are only to be used when submitting a BMR.

After completing the BMR form, return to this page and select the appropriate button. Please see the ICLB instructions page at the beginning of the ICLB form for descriptions of the various button functions.

You must have Adobe Approval or Adobe Acrobat to save the data on this form. If you are using Adobe Reader, you must print a paper copy of the completed form and postal mail or hand deliver the ICLB to the local District Office.

If you have Adobe Approval or Adobe Acrobat, but have no default email program set on your computer, you may receive an error when using the E-mail button. If so, you must save the ICLB and attach it manually to an email.

All ICLBs, BMRs, and RLAS' that are e-mailed to BDDS must be sent to BDDSI CLB@FSSA.STATE.IN.US

Division of Disability, Aging and Rehabilitative Services
Bureau of Developmental Disabilities Services

Budget Modification Request (BMR) for *Adjustment Of Services*

Prepared by:

Phone:

Email:

A. Individual Covered by Community Living Budget

Last Name:

First Name:

Date of Birth:

Medicaid Number:

Social Security Number:

Street Address:

City:

Zip:

Provider: (must be the same as listed on the affected ICLB)

BDDS District Office:

Service Coordinator Name:

B. ICLB and Services Information

This BMR is for the ICLB that Started	The BMR begins	and lasts	1 Month	2 Months
<u>Service to Modify:</u>	<u>Currently Receiving:</u>		<u>Additional being Requested:</u>	
	<u>Units per Month</u>	<u>Dollars</u>	<u>Units per Month</u>	<u>Dollars</u>
1. Residential Habilitation and Support				
1a. <u>Less</u> than 35 hours/week		\$ 4 .8 8		
1b. <u>More</u> than 35 hours/week		\$ 4 .4 0		
2. Health Care Coordination		\$ 4 8 .06		
3. Behavioral Support Services		\$ 17 .38		
4 . Independence Assistance Services	\$ 6 .13	¼ Hour		

TOTAL Monthly Cost of all **Current** Services (from ICLB Summary Page)

Total Monthly Cost of all Services **being added thru this BMR** (this page, Items 1 thru 4)

NEW TOTAL MONTHLY COST of Services for the duration of this BMR only.

C. BMR Justification and Notes

D. Signatures and Approvals

Provider Representative Signature

Date Signed

BDDS Service Coordinator

☐ Accepted

Denied ☐

Date

BDDS District Manager

☐ Accepted

Denied ☐

Date

Directors' Approval

All BMRs must now be approved by the Director of BDDS and verified by BFS before claims will be paid.

BDDS Director (or Designee)

☐ Approved

Denied ☐

Date

BFS Director (or Designee)

☐ Approved

Denied ☐

Date

Residential Living Allowance Supplement

Detail instructions can be found in the INSTRUCTIONS FOR COMPLETION OF THE ICLB

IMPORTANT RLAS NOTES:

The Residential Living Allowance Supplement (RLAS) form is to be used by the provider agency to immediately notify the District Office of an individual needing any additional RLA funds. The RLAS must be submitted as soon as there is identification that additional RLA funds are necessary.

Only one (1) RLAS may be approved for a single ICLB. If additional funds are needed and an RLAS has been submitted for the current ICLB, a new ICLB must be submitted.

An RLAS cannot be used to CREATE an RLA for an ICLB: an RLAS will not be approved for an ICLB that was approved with zero RLA dollars.

There must be an ICLB with approved RLA in effect for a RLAS to be approved.

No RLAS will be approved without a BDDS Service Coordinator signature.

AUTOMATION NOTES FOR THE RLAS

The buttons on this page are only to be used when submitting an RLAS

After completing the RLAS form, return to this page and select the appropriate button. Please see the ICLB instructions page at the beginning of the ICLB form for descriptions of the various button functions.

You must have Adobe Approval or Adobe Acrobat to save the data on this form. If you are using Adobe Reader, you must print a paper copy of the completed form and postal mail or hand deliver the ICLB to the local District Office.

If you have Adobe Approval or Adobe Acrobat, but have no default email program set on your computer, you may receive an error when using the E-mail button. If so, you must save the ICLB and attach it manually to an email.

All ICLBs, BMRs, and RLAS' that are e-mailed to BDDS must be sent to BDDSI CLB@FSSA.STATE.IN.US

Division of Disability, Aging and Rehabilitative Services
Bureau of Developmental Disabilities Services

Residential Living Allowance Supplement

Prepared By:

Phone:

Email:

A. Individual Covered by Community Living Budget

Last Name:

First Name:

Date of Birth:

Medicaid Number:

Social Security Number:

Street Address:

City:

Zip:

Provider: (must be the same as listed on the affected ICLB)

BDDS District:

BDDS Service Coordinator:

B. RLA and ICLB Information

This RLAS is for the ICLB that started

Date the RLAS is requested:

Current Total RLA Amount for the period of this ICLB (*from ICLB Summary*):

Additional RLA Amount Being Requested: + _____

New Total Residential Living Allowance for the remainder of this ICLB:

C. RLAS Justification

D. Signatures and Approvals

Provider Representative Signature

Date Signed

BDDS Service Coordinator

☐ Accepted

Denied ☐

Date

BDDS District Manager

☐ Accepted

Denied ☐

Date

All RLAS' must now be approved by the Director of BDDS and verified by BFS before claims will be paid.

BDDS Director (*or Designee*)

☐ Approved

Denied ☐

Date

BFS Director (*or Designee*)

☐ Approved

Denied ☐

Date